

**31 May 1999**

**Medical Command**



**AIR FORCE RESERVE FITNESS PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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(Col Patricia A. Nell)  
Supersedes AFRCI 40-501, 14 Nov 1997

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(Col James R. Fischelli)  
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This instruction implements AFPD 40-5, Fitness and Weight Management, and outlines the Air Force Reserve Command Fitness Program (AFRCFP) as required by DOD Directive 1308.1, Physical Fitness and Body Fat Program, and DOD Instruction 1308.3, Physical Fitness and Body Fat Programs Procedures. It applies only to unit assigned Air Force Reservists and Active Guard Reserve (AGR) personnel assigned to Reserve units. Individual mobilization augmentees are assessed through their active duty unit of attachment under the guidelines of AFI 40-501, The Air Force Fitness Program. The purpose of the AFRCFP is to annually (calendar year) assess the fitness level of AFRC unit members to ensure they are physically prepared to support all military operations, exercises, or other contingencies. All members of the AFRC must be physically fit. Each AFRC member should have a year round conditioning program emphasizing cardio-respiratory endurance. There are no career sanctions (that is, reenlistment, promotion) based solely on failure to meet fitness standards while members are engaged in self-paced fitness improvement programs. However, members who fail fitness assessments may be denied attendance at formal training, TDY, etc., consistent with Air Force Reserve Command policies. This instruction requires collecting and maintaining information protected by the Privacy Act of 1974 authorized by 10 U.S.C. 8013 System of Records Notice FO44 AF SG N, Physical Fitness File. Cardiovascular (aerobic) fitness is the single best indicator of total physical fitness. Due to personnel availability and time constraints, the Air Force Reserve Command (AFRC) is unable to use the cycle ergometry program as the exclusive method to test physical fitness. A timed 3-mile walk within the guidelines provided will adequately assess cardiovascular fitness and muscular endurance. As such, USAF/SG approved a variance for AFRC on 11 July 1997 to allow testing of assigned unit personnel according to the timed 3-mile walk procedures contained herein or by using the cycle ergometry testing procedures contained in AFI 40-501. No other testing method is currently approved. Submit recommendation for changes on AF Form 847, **Recommendation for Changes of Publication**, to HQ AFRC/SGP, 155 2nd St, Robins AFB GA 31098-1635.

***SUMMARY OF REVISIONS***

This revision adds additional instructions to ensure safety in the performance of the 3-mile walk fitness test. It clarifies that AGR personnel assigned to Reserve units may be tested with the 3-mile walk fitness test. Since the 3-mile walk fitness test does not produce a VO2 score, APDS/PCIII will not be used to document the 3-mile walk fitness assessment. This revision supplements message traffic, thereby reducing the reporting requirement to annual; it adds Adverse Event Reporting requirement; it better aligns Fitness Program Director and Unit Fitness Assessment Monitors responsibilities to expected level of experience; and adds the option, through appropriate contracting channels and wing funding, to contract civilian exercise physiologist support. A ( | ) indicates changes from previous edition.

1.	General Information: .....	3
2.	Responsibilities: .....	3
Table 1.	Temperature/Relative Humidity Maximums. ....	4
3.	Fitness Assessment: .....	8
4.	Annual Fitness Program Report. ....	8
5.	Forms Prescribed. ....	9
<b>Attachment 1— GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION</b>		<b>10</b>
<b>Attachment 2— FITNESS PERFORMANCE STANDARDS</b>		<b>12</b>
<b>Attachment 3— SAMPLE MEMORANDUM FOR MEDICAL EVALUATION APPOINTMENT</b>		<b>13</b>
<b>Attachment 4—AIR FORCE FITNESS PROGRAM ANNUAL REPORT</b>		<b>15</b>
<b>Attachment 5— SAMPLE MEMORANDUM FOR ENTRY INTO THE SELF-PACED FITNESS IMPROVEMENT PROGRAM (SFIP)</b>		<b>16</b>
<b>Attachment 6— GENERIC, AGE-REFERENCED EXERCISE STARTER PROGRAMS AGE 29 AND UNDER</b>		<b>18</b>
<b>Attachment 7—GENERIC, AGE-REFERENCED EXERCISE STARTER PROGRAMS AGE 30-49</b>		<b>22</b>
<b>Attachment 8—GENERIC, AGE-REFERENCED EXERCISE STARTER PROGRAMS AGE 50 AND ABOVE</b>		<b>26</b>
<b>Attachment 9—ADVERSE EVENT REPORTING FORMAT</b>		<b>30</b>

## 1. General Information:

- 1.1. Glossary of References and Supporting Information. See [Attachment 1](#).
- 1.2. Fitness Standards. Fitness standards are contained in [Attachment 2](#).
- 1.3. Medical Waivers. Health care providers may place members on medical profile excusing participation in the fitness examination. Excuse members from fitness participation during pregnancy and for 6 months after delivery.
- 1.4. Technical Training. AFRC members are not allowed to attend Air Education and Training Command (AETC) technical training if they do not meet fitness standards contained in [Attachment 2](#) or as specified in AFI 40-501.

## 2. Responsibilities:

- 2.1. Commander, Air Force Reserve Command (AFRC/CC). Ensures implementation and enforcement of the AFRC Fitness Program (AFRCFP) in all units.
- 2.2. Air Force Reserve Command Surgeon (AFRC/SG). Serves as the overall AFRC medical office of primary responsibility (OPR) for this program for the Air Force Reserve Command. Develops and maintains this instruction providing guidance for the safe execution of the AFRCFP.
- 2.3. Wing/Senior Reserve Commander:
  - 2.3.1. Oversees the overall installation fitness program, ensures equitable administration of the program, and ensures personnel perform annual fitness assessments. Ensures all wing Reserve personnel meet the AFRC fitness standards. Encourages all wing personnel, military and civilian, to participate in a regular aerobic exercise program.
  - 2.3.2. Ensures installation personnel comply with the AFRCFP and subordinate senior leaders, officer and enlisted, lead by example.
  - 2.3.3. Provides appropriate facilities, equipment, funds, and additional mandays to conduct the program.
  - 2.3.4. Appoints a fitness program director (FPD), primary and alternate, in writing, to schedule units for fitness assessments. If unit funds are available, commanders may, subject to Air Force and AFRC contracting policies and guidelines, contract the services of a civilian exercise physiologist to act as a consultant and/or administrator of the unit's fitness program. In such circumstances, the FPD retains overall administrative responsibility for the wing's fitness program.
  - 2.3.5. Provides an appropriate environment for the annual fitness assessment.
    - 2.3.5.1. Location: The home duty station, but may be at a deployed location if the unit has made previous arrangements for access to the Emergency Medical Service (EMS) system at the deployment location.
    - 2.3.5.2. Area: Flat terrain with a clean (no tripping hazards), conditioned walking surface. Area must permit emergency vehicle access to the entire course, for example, not on wooded trails away from roadways.
    - 2.3.5.3. Temperature: Ambient temperature from 32 degrees to 92 degrees F is acceptable for submaximal walking exercise. All testing must be completed prior to 0900 (local time) if daily temperature exceeds 90 degrees F.

2.3.5.4. Humidity: Testing should not take place when the temperature and relative humidity values exceed those listed in [Table 1](#). Temperatures below 80 degrees F are not significantly affected by humidity and do not carry a risk of heat injury.

**Table 1. Temperature/Relative Humidity Maximums.**

TEMPERATURE	RELATIVE HUMIDITY (%)
80° F	90 %
85° F	50 %
90° F	20 %

2.4. Medical Group Commander (MDG/CC) or Reserve Medical Unit Commander (RMU/CC) appoints a medical provider and alternate to act as Fitness Medical Liaison (FML) for the installation fitness program and ensures reporting according to paragraph [2.4.7](#). The following applies to FML responsibilities:

2.4.1. Places members with medical conditions precluding fitness assessments on medical profiles excusing participation in fitness assessments. Excuses members from fitness assessments during pregnancy and for 6 months after delivery. Members excused from fitness assessment for a period of time exceeding 1 year (other than pregnancy) must be placed on a P-4 profile (no pay and no points) and have a case submitted to HQ AFRC/SGP for evaluation for world wide duty qualification.

2.4.2. Makes an appropriate record of fitness counseling and referral in the member's medical records.

2.4.3. Interviews each individual referred to them by the Unit Fitness Program Manager (UFPM), the FPD, and/or unit commander.

2.4.4. Notifies member's commander and FPD whether the member may undergo fitness assessment directly or should first be placed in a self-paced fitness improvement program (SFIP) if no potential problems are identified ([Attachment 3](#)).

2.4.5. Notifies member's commander and FPD when further medical evaluation for potential physical problems are identified ([Attachment 3](#)); profiles appropriately as needed.

2.4.5.1. Refer Active Guard Reserve (AGR) personnel to the nearest active duty military medical facility for evaluation.

2.4.5.2. Refer inactive duty status members to their private physicians ([Attachment 3](#)). Drill status members may also be referred to the host active duty military medical facility for evaluation (invitational travel orders from member's unit) on a space available basis.

2.4.6. Maintains a consultation log of medical conditions necessitating profiles which preclude fitness assessment along with current disposition (that is, pending evaluation, cleared to walk, or referred for world wide duty evaluation). Forwards a copy of the consultation log to the FPD monthly.

2.4.7. FML or Senior Medical Art completes Adverse Event Report ([Attachment 9](#)) when a member has a significant injury (for example, broken bone or severe ligament injury) or illness (for example, heart attack) associated with either fitness testing or routine exercise, on or off duty.

Significant is defined as anything resulting in a P4 profile, hospitalization, or death. Attaches the last two AF Forms 895 **Annual Medical Certificate** (AMC) from subject member's medical records and other relevant medical information to the report. Faxes the report, the AFRC Form 48, **Fitness Test Screening**, and other attachments to HQ AFRC/SGP, DSN 497-0610, as soon as possible, but within 72 hours of RMU notification of an exercise related heart attack or death.

2.5. Installation Fitness Program Director (FPD):

2.5.1. Schedules units and geographically separated units (GSU) for the 3-mile walk assessment or alternative fitness assessment.

2.5.1.1. Notifies military components of the installation EMS system (that is, fire department or collocated active duty Emergency Room) of the scheduled times and location for the 3-mile walk assessment to ensure the availability of emergency medical response.

2.5.1.2. Ensures the AFRC Forms 48 with affirmative answers to asterisked questions are forwarded to the FML for evaluation ([Attachment 3](#)).

2.5.2. May monitor/perform walk assessments with a monitoring team to ensure members are not allowed to overexert themselves by running instead of walking during the annual walk assessment. Ensures members are briefed that testing is not a race and that they should stop the test if they develop symptoms of chest pain or discomfort.

2.5.2.1. Ensures monitors are cardiopulmonary resuscitation (CPR) certified. There is no requirement for the monitors to be medical personnel. If units do not have enough CPR trained volunteers, members may be trained locally by medical personnel or sent to the American Heart Association or American Red Cross for training.

2.5.2.2. Maintains a list of CPR certified installation members for use as assessment monitors when performing assessments.

2.5.2.3. Uses sufficient number of monitors to ensure direct line-of-sight view of the entire course and proximity in case of medical problems during testing. Teams consist of a minimum of four monitors stationed at 0.5 – 0.75 mile intervals. If using an oval track, teams consist of a minimum of two monitors.

2.5.2.4. Strategically places team members throughout the course with on-base radio or telephone contact between test site monitors and personnel who can activate the installation EMS. Tests the communication system each day of testing before testing commences to ensure operability.

2.5.3. Establishes availability of a reference library by collecting educational aids/materials, using collocated active duty health and wellness center resources, or using other resources to enrich and encourage total health and fitness.

2.5.4. Works closely with the medical squadron and the FML to ensure members who need screening prior to fitness assessments are screened in a timely manner.

2.5.5. Tracks members medically excused from a fitness assessment to ensure receipt of a medical evaluation.

2.5.6. Works with and trains UFPMs in the appropriate use of the AFRC Form 48, AFRC Form 49, **Self-Paced Fitness Improvement Progress Chart**, and distribution of SFIPs ([Attachment 6](#), [Attachment 7](#), and [Attachment 8](#)).

2.5.6.1. Performs periodic quality assurance evaluations of UFPM programs and/or records.

2.5.6.2. Maintains administrative and continuity files.

2.5.7. Receives (from UFPMs), reviews, and maintains individual reports on each unit tested.

2.5.7.1. The results are consolidated into the annual Installation Fitness Report. This report may include comments from the unit commander regarding the status of all members not meeting the required fitness standard.

2.5.7.2. The installation report is forwarded to the numbered air force (NAF)/regional support group (RSG)/SG not later than 28 February of each year (see [Attachment 4](#)).

2.5.7.3. Compiles/analyzes data and prepares appropriate tables, charts, and reports as required.

2.5.8. Schedules periodic fitness education presentations for Commander's Call and other support groups. May solicit volunteers with nutritional or exercise physiology experience to give briefings.

2.5.9. Requests necessary computer products (for example, rosters) for the support of the installation fitness program.

2.5.10. Ensures Adverse Event Report ([Attachment 9](#)) is initiated as soon as possible when a member has a significant injury (for example, broken bone or severe ligament injury) or illness (for example, heart attack) associated with either fitness testing or routine exercise, on or off duty. Significant is defined as anything resulting in a P-4 profile, hospitalization, or death. Forwards form and current AFRC Form 48 to the FML as soon as possible but within 72 hours of an exercise related heart attack or death. Medical unit faxes to HQ AFRC/SGP, DSN 497-0610.

2.6. Chief, Military Personnel Flight. Supports necessary administrative actions on members who do not meet fitness standards after 12 consecutive months (see paragraph 2.7.4) and acts as OPR for personnel issues.

2.7. Unit Commander:

2.7.1. Oversees the administration of the unit fitness program (3-mile walk) and serves as the decision authority for requests for cycle ergometry testing in lieu of the 3-mile walk. The cycle ergometry test is the only alternative physical fitness testing method approved for Air Force Reserve members. If commanders choose to allow unit UFPMs to conduct cycle ergometry assessments they must ensure the UFPMs have been properly trained by an active duty Air Force Installation Fitness Program Director.

2.7.2. Ensures all assigned or attached personnel are in compliance with fitness standards and enrolls members who fail to meet fitness standards in an SFIP. The commander enters the member into the SFIP, by letter, during the same unit training assembly (UTA) in which the member failed the fitness assessment (reference [Attachment 5](#)). Has member endorse the letter in his or her presence, gives member a copy, and keeps original.

2.7.3. Ensures all members are in an appropriate military status for the fitness assessment.

2.7.4. Evaluates members in SFIP failing to show satisfactory progress quarterly for extension of fitness training. If a member, at the end of 12 consecutive months, cannot meet the fitness standard, the commander may consider possible administrative action, to include involuntary reassignment or separation according to AFI 36-2115, *Assignments Within the Reserve Components*, or AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*.

2.7.5. Appoints a UFPM and alternate, in writing, and forwards a copy of the appointment letter to the FPD.

2.7.6. Determines if a member is actively participating in an aerobic conditioning program and if a member is progressing satisfactorily by reviewing the member's documented AFRC Form 49, **Self-Paced Fitness Improvement Progress Chart**. Adequate participation is defined as a minimum of 20 - 30 minutes of continuous aerobic activity, at the target heart rate, at least three to five times per week.

2.7.7. Consults with the FPD and FML concerning members in the SFIP not making satisfactory progress.

## 2.8. Unit Fitness Program Manager (UFPM):

2.8.1. Works with the FPD.

2.8.2. Provides AFRC Form 48 to members being tested not later than one UTA prior to the member's scheduled assessment. A new form must be completed for each annual assessment. Maintains AFRC Forms 48 on each member for 2 years after the member achieves AFRC Fitness Standards, or until retirement or separation. Records are destroyed by tearing or shredding.

2.8.2.1. Reviews affirmative answers (without the asterisk) to determine if there is any contraindication to fitness testing--if unsure, forward to the FML for review. Consolidates AFRC Forms 48 of members who have answered asterisked questions in the affirmative and forwards the forms to the FML. Does not allow any member to test until questionable or asterisked affirmative answers are determined by the FML not to be a contraindication to testing.

2.8.2.2. Ensures member signs Part III of the AFRC Form 48 the day of the fitness assessment and on the day of each subsequent re-test should the member fail the initial assessment.

2.8.2.3. Ensures members are appropriately dressed for the fitness assessment. Appropriate attire is loose fitting shirt/blouse, slacks or shorts, and walking shoes or sneakers. Battle dress uniforms, service dress, military boots or shoes are not appropriate attire and will not be worn for the assessment.

2.8.2.4. Ensures a duty roster of all unit members is provided to the FPD on the day of the assessment. Each member assessed will have their time annotated on the roster. The UFPM and FPD each maintain a copy of this roster.

2.8.3. Notifies the unit commander of members failing the fitness assessment.

2.8.3.1. Notifies the members who fail their fitness assessment during the UTA in which they failed. Ensures the commander enters the member into the SFIP, by letter, during the same UTA (reference [Attachment 5](#)). Has member endorsed the letter in his or her presence, gives member a copy, and keeps original.



2.8.3.2. Gives the members who failed their fitness assessment an age appropriate starter program package ([Attachment 6](#), [Attachment 7](#), and [Attachment 8](#)) and the AFRC Form 49. Explains use at the same time member receives letter of enrollment in the SFIP.

2.8.4. Forwards fitness scores and any relevant SFIP information to the gaining unit if member transfers to another unit or service component.

2.8.5. Conducts cycle ergometry fitness assessments at the direction of the commander. UFPMs will not conduct a cycle ergometry assessment without obtaining appropriate training from an active duty Air Force Installation Fitness Program Director.

2.9. Individuals. Individuals must meet and maintain Air Force Reserve Command fitness standards. Individuals should meet and maintain AFRC fitness standards through participation in regular aerobic exercise throughout their military service and into retirement since they are subject to recall for national emergencies.

2.9.1. Each individual is responsible for promptly reporting a disease, injury, operative procedure, or hospitalization not previously reported to his or her commander or supervisor and to the Reserve medical unit, according to AFI 48-123, Medical Examination and Standards, paragraph 14.4.2.

2.9.2. Individuals in the SFIP provide the AFRC Form 49 showing active participation in a SFIP to the UFPM for review during each UTA.

### 3. Fitness Assessment:

3.1. The fitness assessment consists of a timed 3-mile walk for all age groups or cycle ergometry testing according to AFI 40-501. Specific performance standards for the walk are contained in [Attachment 2](#).

3.1.1. Members who jog or run during the 3-mile walk are disqualified and retested.

3.1.2. The member's age during the month of the assessment determines the fitness standard used. If members are evaluated during their birth month, they are evaluated at the older age. If the member does not meet the standard for his or her current age, but will have a birthday placing the member in the next age group before the first retest, the member is evaluated at the older age.

3.2. Retest members who do not meet the fitness standards contained in [Attachment 2](#) no earlier than 90 days.

3.3. Alternative Fitness Assessments. The Air Force/AFRC cycle ergometry test is the only alternative fitness assessment permitted. Use of the cycle ergometry test should be on a commander-approved, case-by-case basis.

### 4. Annual Fitness Program Report. This information is collected for RCS: HAF-SGP(A) 9213, *Air Force Fitness Program Annual Report* ([Attachment 4](#)).

4.1. The UFPM forwards unit reports to the FPD by 31 January of each year. Electronic transmission of reports is encouraged.

4.2. The FPD consolidates unit reports and submits a wing/installation fitness report to NAF/SG by 28 February of each year. Electronic transmission of reports is encouraged.



4.3. NAF/SG consolidates wing/installation reports and submits a NAF fitness report to HQ AFRC/SGP by 15 March of each year. Electronic transmission of reports is encouraged.

4.4. HQ AFRC/SGP consolidates NAF reports and submits a MAJCOM fitness report to the Epidemiologic Research Division, AL/AOES, 2601 West Road, Suite 2, Brooks AFB TX 78235-5241, by 30 March of each year. Electronic transmission of reports is encouraged.

**5. Forms Prescribed.** AFRC Form 48, **Fitness Test Screening**, and AFRC Form 49, **Self-Paced Fitness Improvement Progress Chart**.

JAMES E. SHERRARD, III, Maj Gen, USAFR  
Commander

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

DoD Directive 1308.1, *Physical Fitness and Body Fat Program*

DoD Instruction 1308-3, *Physical Fitness and Body Fat Programs Procedures*

AFPD 40-5, *Fitness and Weight Management*

AFI 36-3209, *Separation Procedures for Air National Guard and Air Force Reserve Members*

AFI 40-501, *The Air Force Fitness Program*

AFI 48-123, *Medical Examination and Standards*

AF Form 422, **Physical Profile Serial Report**

***Abbreviations and Acronyms***

**AETC**—Air Education and Training Command

**AFRC**—Air Force Reserve Command

**AFRCFP**—Air Force Reserve Command Fitness Program

**AGR**—Active Guard Reserve

**CPR**—Cardiopulmonary Resuscitation

**EMS**—Emergency Medical Service

**FML**—Fitness Medical Liaison

**FPD**—Fitness Program Director

**FTS**—Fitness Test Screening

**NAF**—Numbered Air Force

**RSG**—Reserve Support Group

**SFIP**—Self-Paced Fitness Improvement Program

**UTA**—Unit Training Assembly

**UFPM**—Unit Fitness Program Manager

***Terms***

**Alternate Fitness Assessment**—The cycle ergometry assessment as defined by AFI 40-501, The Air Force Fitness Program.

**Fitness Assessment**—A timed 3.0 mile walk on a flat, conditioned surface.

**FML Evaluation**—Medical history to determine safety to perform a fitness assessment, safety to begin a SFIP, or to determine if there is an underlying medical condition affecting exercise capability and world wide duty qualification.

**Medical Deferral**—Excusal from the fitness assessment for either a short duration (for example, sprained ankle) or a long duration (for example, arthritis). Medical deferrals for a period greater than 12 months necessitate member being placed on a P-4 profile and evaluated for world wide duty qualification (see para 2.4.1.1).

**Maximum Heart Rate**— $(220 - \text{Age})$

**Target Heart Rate**—55 percent to 85 percent of maximum heart rate depending on fitness level. Reserve members should consult their civilian medical care provider prior to beginning any exercise program. As a rule of thumb, beginners exercise at an intensity that results in a heart rate of 55 percent of their maximum heart rate and gradually advance to 85 percent of their maximum heart rate as their fitness level improves.

**Walk**—A stride where one foot is on the ground at all times through the complete stride.

## Attachment 2

## FITNESS PERFORMANCE STANDARDS

**A2.1.** **Table A2.1.** shows the time limits for the 3-mile walk.

**Table A2.1. 3 Mile Walk Times.**

AGE (Years)*	(Minutes)	
	MALE	FEMALE
17-29	40:54	43:52
30-34	42:04	45:10
35-39	43:15	46:29
40-44	44:25	47:44
45-49	45:34	48:55
50+	48:19	52:02

\*If the member does not meet the standard for his or her current age, but would have a birthday placing the member in the next age group before the first retest, evaluate the member at the older age. EXAMPLE: A 34 year old male who turns 35 within 90 days of his scheduled test must complete the 3.0 mile walk within 43:15 minutes.

**Attachment 3****SAMPLE MEMORANDUM FOR MEDICAL EVALUATION APPOINTMENT**

**A3.1.** This is a sample memorandum for medical evaluation appointments.

(Appropriate Letterhead)

(DATE)

MEMORANDUM FOR (FML OR PRIVATE HEALTH CARE PROVIDER)

FROM: (Unit Commander)

SUBJECT: Medical Evaluation Appointment

1. Attached please find a copy of (member's grade and name) AFRC Form 48, **Fitness Test Screening**. The answers to questions (fill in all appropriate question numbers) indicate the member may not be able to safely participate in a timed 3.0-mile walk to assess aerobic fitness. Please review the attached form and evaluate the member for participation in a 3.0-mile walk fitness assessment.
2. As this member's private health care provider, please provide the following documentation to (FMLs name) at (address of the reserve medical unit):
  - a. Diagnosis
  - b. Prognosis
  - c. Any further medical limitations
  - d. Attach documentation (from private health care provider only)
3. If member is to be excused from the timed 3.0-mile walk, the member must be actively engaged in a fitness program appropriate to his/her medical condition. Please provide guidance regarding an appropriate fitness program and have member return this letter to the installation Fitness Medical Liaison at the above address.

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(Signature of unit commander) (date)

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(member's signature for release of information to FML  
or Private Health Care Provider) (date)

**NOTE:** Member is to hand-carry or otherwise deliver this letter to private health care provider. Any other release of this information outside AFRC requires separate, written consent of the member.

SAMPLE MEMORANDUM FOR MEDICAL EXEMPTION OR CLEARANCE FROM FITNESS  
ASSESSMENT AND/OR AEROBIC EXERCISE

(Back to Back with page 1 of this attachment)

1st Ind, Medical Evaluation Appointment Memorandum, dated \_\_\_\_\_

FROM: (FML)(Date)

TO: (Unit Commander)

1. I medically evaluated the medical documentation and find member is/is not (circle the appropriate selection) cleared for a timed 3.0 mile walk fitness assessment. If excused, member must be actively engaged in the fitness conditioning program recommended on the letter, subject above.
2. Member should be scheduled for medical reevaluation in approximately \_\_\_\_\_ months.

---

(Signature of FML)

Attachment:

AF Form 422 (if applicable)

cc: FPD

**Attachment 4****AIR FORCE FITNESS PROGRAM ANNUAL REPORT**

**A4.1.** Use this report format for UFPM reports to the FPD, FPD reports to the NAF RSG/SG, and the NAF RSG/SG report to HQ AFRC/SGP

- A. UNIT/WING/INSTALLATION
- B. TOTAL NUMBER OF ASSIGNED PERSONNEL
- C. TOTAL NUMBER OF ASSIGNED PERSONNEL TESTED
- D. PERCENT OF ASSIGNED PERSONNEL TESTED
- E. TOTAL NUMBER OF ASSIGNED PERSONNEL TESTED AND PASSED\*
- F. TOTAL NUMBER OF ASSIGNED PERSONNEL TESTED AND FAILED\*
- G. NUMBER OF MEDICAL DEFERRALS

(THERE SHOULD ONLY BE THE THREE CATEGORIES LISTED BELOW. THERE ISN'T AN 'OTHER' CATEGORY):

P-4 = (MEDICALLY DISQUALIFIED FOR WORLD WIDE DUTY)

L-2 = (LOWER EXTREMITY, MINOR LIMITATION)

PREGNANCY =

- H. TOTAL NUMBER OF PERSONNEL ENTERED INTO SELF-PACED FITNESS IMPROVEMENT PROGRAM (SFIP)

- I. COMMENTS:

(IF (C + G) DOES NOT EQUAL B, SUBMIT RATIONALE HERE)

THE WING/INSTALLATION WILL CONSOLIDATE ALL UNIT REPORTS INTO ONE WING/INSTALLATION REPORT AND FORWARD TO THE NAF/SG NLT 28 FEBRUARY OF EACH YEAR. THIS FORMAT SHOULD BE FOLLOWED AND STRICTLY ADHERED TO. EACH NAF WILL CONSOLIDATE ALL WING/INSTALLATION REPORTS IN THIS FORMAT AND FORWARD TO HQ AFRC/SGP NLT 15 MARCH OF EACH YEAR.

\*A member may only be counted once. The member is counted as a fail or medical deferral until the member passes the fitness assessment. When a member passes the fitness re-assessment, then the member is counted as a pass and, in subsequent reports, the number of failures or medical deferrals is reduced accordingly.



## Attachment 5

**SAMPLE MEMORANDUM FOR ENTRY INTO THE SELF-PACED FITNESS  
IMPROVEMENT PROGRAM (SFIP)**

**A5.1.** This is a sample memorandum for entry into the SFIP.

(Appropriate Letterhead)

MEMORANDUM FOR (member's name)

(date)

FROM: (Unit Commander)

SUBJECT: Entry into the Self-Paced Fitness Improvement Program (SFIP)

1. Based on fitness assessment results (date), your fitness is below minimum standards. You are entered into the SFIP program effective (date). You should consult your civilian medical care provider prior to beginning any exercise program.

2. It is your responsibility to meet and maintain AFRC fitness standards consistently throughout your military career. Failure to meet fitness standards after 12 months may prevent you from being eligible for reenlistment, voluntary retraining, intersquadron reassignment, or promotion, etc. You are not allowed to attend AETC technical training while in the SFIP

3. You may use the AFRC Form 49, **Self-Paced Fitness Improvement Progress Chart** (see *name* for a copy) to document your participation in physical fitness activities. After you complete the 90-day SFIP you will be reevaluated. You should make the personal commitment necessary to exercise regularly and meet the fitness standards during the first 90-day period. If you have not reached minimum fitness standards, you will be continued in the SFIP. Failure to meet the standard after 12 months could result in adverse administrative action.

4. If you have questions concerning your enrollment in the SFIP you may contact your supervisor, the UFPM, the first sergeant, or me. Acknowledge receipt and understanding by signing the endorsement below.

(Unit Commander's signature block)

1<sup>st</sup> Ind, (members name)

(date)

TO: (Unit Commander)

I have read your letter placing me in the SFIP. I understand my responsibility to:

- (1) maintain a level of fitness that allows me to successfully complete the AFRC 3-mile Walk Fitness Assessment and to
- (2) consult my civilian medical care provider prior to beginning any exercise program.

I also understand that:

- (1) fitness improvement advice given to me by the Wing Fitness Program Director or my Unit Fitness Program Monitor is advisory, not compulsory and
- (2) if I fail to meet AFRC fitness standards after 12 months, I may be subject to adverse administrative action(s).

(member's signature block)

**Attachment 6****GENERIC, AGE-REFERENCED EXERCISE STARTER PROGRAMS AGE 29 AND UNDER**

**NOTE:** Reservists should consult their civilian medical care provider prior to beginning any exercise program. Fitness improvement advice given to Reservists by Reserve fitness program personnel is advisory, not compulsory. However, meeting AFRC fitness standards is a member's responsibility and failure to improve may result in adverse administrative actions.

**A6.1.** The time goals should be reached by the end of a week for all routines. If you find you cannot progress as fast as the chart suggests, repeat the last tolerable performance level for another week. Select an activity you enjoy from [Table A6.1.](#), [Table A6.2.](#), [Table A6.3.](#), [Table A6.4.](#), [Table A6.5.](#), [Table A6.6.](#), or [Table A6.7.](#) If you do not enjoy it, you will not stick with it.

**Table A6.1. Walking.**

Week	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	2.0	34:00	3
2	2.0	32:00	4
3	2.0	30:00	5
4	2.5	38:00	5
5	2.5	37:00	5
6	2.5	36:00	5

**Table A6.2. Running/Jogging.**

Week	Activity	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	Walk	2.0	32:00	3
2	Walk	3.0	48:00	3
3	Walk/Jog	2.0	26:00	4
4	Walk/Jog	2.0	24:00	4
5	Jog	2.0	22:00	4
6	Jog	2.0	20:00	4

**Table A6.3. Cycling.**

Week	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	5.0	30:00	3
2	5.0	25:00	3
3	5.0	20:00	4
4	6.0	26:00	4
5	6.0	24:00	4
6	7.0	30:00	4

**Table A6.4. Swimming.**

Week	Distance (yards)	Time Goal (minutes)	Frequency per Week
1	400	15:00	4
2	400	13:00	4
3	500	15:00	4
4	500	13:00	4
5	600	18:00	4
6	600	16:00	4
7	700	19:00	4
8	800	21:00	4
9	900	23:30	4
You may use any stroke.			

**Table A6.5. Stationary Cycling.**

Week	Speed (mph/rpm)	Time Goal (minutes)	Pulse Rate After Exercise	Frequency per Week
1	15/55	8:00	less than 140	3
2	15/55	10:00	less than 140	3
3	15/55	12:00	less than 140	3
4	17.5/65	12:00	less than 150	4
5	17.5/65	14:00	less than 150	4
6	17.5/65	16:00	less than 150	4
7	17.5/65	16:00	more than 150	5
8	17.5/65	16:00	more than 150	5
9	20/75	18:00	more than 160	5
10	20/75	18:00	more than 160	5
11	25/90	20:00	more than 160	5
12	25/90	25:00	more than 160	4

During the first 6 weeks, warm up by cycling for 3 minutes, 17.5 to 20 mph, with no resistance, before beginning the actual workout. During the actual workout, add sufficient resistance so that your pulse rate (PR) = the specified rate (take pulse for 10 seconds and multiply time 6). If it is higher, lower resistance before cycling again; if it is lower, increase the resistance. When finished, cool down by cycling for 3 minutes with no resistance.

**Table A6.6. Aerobic Dancing.**

Week	Time Goal (minutes)	Maximum (beats/minute)	Frequency per Week
1	10:00	110-120	3
2	10:00	110-120	4
3	15:00	120-130	3
4	15:00	120-130	3
5	15:00	120-130	4
6	20:00	130-140	3
7	20:00	130-140	3
8	20:00	130-140	4

Include a 10-minute warm-up before and a 10-minute cool-down after each exercise session.

**Table A6.7. Racquetball/Squash.**

Week	Time Goal (minutes)	Frequency per Week
1	30:00	3
2	30:00	3
3	30:00	3
4	45:00	3
5	45:00	3
6	45:00	3
7	20:00	4
8	25:00	4
9	30:00	4
10	40:00	4
11	45:00	4
12	60:00	4
During the first 6 weeks, the objective is to exercise the required time, but not continuously. Rest frequently. Time goals represent combined exercise/rest periods. Beginning with the 7 <sup>th</sup> week, the time goals represent continuous exercise. Do not count breaks.		

**Attachment 7****GENERIC, AGE-REFERENCED EXERCISE STARTER PROGRAMS AGE 30-49**

**NOTE:** Reservists should consult their civilian medical care provider prior to beginning any exercise program. Fitness improvement advice given to Reservists by Reserve fitness program personnel is advisory, not compulsory. However, meeting AFRC fitness standards is a member's responsibility and failure to improve may result in adverse administrative actions.

**A7.1.** The time goals should be reached by the end of a week for all routines. If you find you cannot progress as fast as the chart suggests, repeat the last tolerable performance level for another week. Select an activity you enjoy from [Table A7.1.](#), [Table A7.2.](#), [Table A7.3.](#), [Table A7.4.](#), [Table A7.5.](#), [Table A7.6.](#), or [Table A7.7.](#) If you don't enjoy it, you won't stick with it.



**Table A7.1. Walking.**

Week	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	2.0	36:00	3
2	2.0	34:00	3
3	2.0	32:00	4
4	2.0	30:00	4
5	2.5	39:00	4
6	2.5	38:00	5
7	2.5	37:00	5
8	3.0	46:00	5
9	3.0	45:00	5
10	3.0	44:00	4

**Table A7.2. Running/Jogging.**

Week	Activity	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	Walk	2.0	34:00	3
2	Walk	2.5	42:00	3
3	Walk	3.0	50:00	3
4	Walk/Jog	2.0	25:00	4
5	Walk/Jog	2.0	24:00	4
6	Jog	2.0	22:00	4
7	Jog	2.5	20:00	4

**Table A7.3. Cycling.**

Week	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	4.0	20:00	3
2	4.0	18:00	3
3	5.0	24:00	4
4	5.0	22:00	4
5	5.0	20:00	4
6	6.0	26:00	4
7	6.0	24:00	4
8	7.0	30:00	4

**Table A7.4. Swimming.**

Week	Distance (yards)	Time Goal (minutes)	Frequency per Week
1	300	12:00	4
2	300	10:00	4
3	400	13:00	4
4	400	12:00	4
5	500	14:00	4
6	500	13:00	4
7	600	17:00	4
8	700	19:00	4
9	800	22:00	4
10	900	22:30	4
You may use any stroke.			

**Table A7.5. Stationary Cycling.**

Week	Speed (mph/rpm)	Time Goal (minutes)	Pulse Rate After Exercise	Frequency per Week
1	15/55	6:00	less than 140	3
2	15/55	8:00	less than 140	3
3	15/55	10:00	less than 140	3
4	15/55	12:00	less than 150	4
5	15/55	14:00	less than 150	4
6	15/55	16:00	less than 150	4
7	15/55	18:00	less than 150	5
8	15/55	20:00	less than 150	5
9	17.5/65	18:00	more than 150	5
10	17.5/65	20:00	more than 150	5
11	20/75	18:00	more than 150	5
12	20/75	20:00	more than 150	5
13	20/75	22:30	more than 150	5
14	25/90	25:00	more than 150	5
During the first 6 weeks, warm up by cycling for 3 minutes, 17.5 to 20 mph, with no resistance, before beginning the actual workout. During the actual workout, add sufficient resistance so that your pulse rate (PR) = the specified rate (take pulse for 10 seconds and multiply time 6). If it is higher, lower resistance before cycling again; if it is lower, increase the resistance. When finished, cool down by cycling for 3 minutes with no resistance.				

**Table A7.6. Aerobic Dancing.**

Week	Time Goal (minutes)	Maximum (beats/minute)	Frequency per Week
1	10:00	110-120	3
2	10:00	110-120	3
3	10:00	110-120	4
4	15:00	120-130	3
5	15:00	120-130	3
6	15:00	120-130	4
7	20:00	130-140	3
8	20:00	130-140	4

Include a 10-minute warm-up before and a 10-minute cool-down after each exercise session.

**Table A7.7. Racquetball/Squash.**

Week	Time Goal (minutes)	Frequency per Week
1	20:00	3
2	25:00	3
3	30:00	3
4	30:00	3
5	40:00	3
6	40:00	3
7	20:00	4
8	25:00	4
9	25:00	4
10	30:00	4
11	35:00	4
12	40:00	4
13	45:00	4
14	50:00	4

During the first 6 weeks, the objective is to exercise the required time, but not continuously. Rest frequently. Time goals represent combined exercise/rest periods. Beginning with the 7th week, the time goals represent continuous exercise. Do not count breaks.

## Attachment 8

### GENERIC, AGE-REFERENCED EXERCISE STARTER PROGRAMS AGE 50 AND ABOVE

**NOTE:** Reservists should consult their civilian medical care provider prior to beginning any exercise program. Fitness improvement advice given to Reservists by Reserve fitness program personnel is advisory, not compulsory. However, meeting AFRC fitness standards is a member's responsibility and failure to improve may result in adverse administrative actions.

**A8.1.** The time goals should be reached by the end of a week for all routines. If you find you cannot progress as fast as the chart suggests, repeat the last tolerable performance level for another week. Select an activity you enjoy from [Table A8.1.](#), [Table A8.2.](#), [Table A8.3.](#), [Table A8.4.](#), [Table A8.5.](#), [Table A8.6.](#), or [Table A8.7.](#) If you do not enjoy it, you will not stick with it.

**Table A8.1. Walking.**

Week	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	1.0	20:00	4
2	1.5	30:00	4
3	2.0	40:00	4
4	2.0	38:00	4
5	2.0	36:00	4
6	2.0	34:00	4
7	2.5	42:00	4
8	2.5	40:00	4
9	2.5	38:00	4
10	3.0	47:00	4
11	3.0	46:00	4
12	3.0	45:00	4

**Table A8.2. Running/Jogging.**

Week	Activity	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	Walk	1.0	18:00	5
2	Walk	2.0	36:00	4
3	Walk	3.0	54:00	3
4	Walk	3.0	52:00	4
5	Walk/Jog	2.0	26:00	4
6	Walk/Jog	2.0	24:00	4
7	Jog	2.0	22:00	4
8	Jog	2.0	20:00	4

**Table A8.3. Cycling.**

Week	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	3.0	20:00	3
2	3.0	18:00	3
3	4.0	25:00	4
4	4.0	24:00	4
5	5.0	32:00	4
6	5.0	28:00	4
7	5.0	24:00	4
8	6.0	30:00	4
9	6.0	26:00	4
10	7.0	32:00	4
11	7.0	30:00	4
12	7.0	28:00	4

**Table A8.4. Swimming.**

Week	Distance (yards)	Time Goal (minutes)	Frequency per Week
1	300	15:00	4
2	300	12:00	4
3	400	15:00	4
4	400	13:00	4
5	500	16:00	4
6	500	14:00	4
7	600	17:00	4
8	600	15:00	4
9	700	20:00	4
10	700	18:00	4
11	800	22:00	4
12	800	20:00	4
You may use any stroke. Resting is encouraged during the initial weeks.			

**Table A8.5. Stationary Cycling.**

Week	Speed (mph/rpm)	Time Goal (minutes)	PR After Exercise	Frequency per Week
1	15/55	4:00	less than 135	3
2	15/55	6:00	less than 135	3
3	15/55	9:00	less than 135	3
4	15/55	10:00	less than 140	4
5	15/55	10:00	less than 140	4
6	15/55	12:00	less than 140	4
7	15/55	14:00	less than 140	5
8	15/55	16:00	less than 140	5
9	15/55	18:00	less than 140	5
10	15/55	20:00	less than 140	5
11	17.5/65	18:00	less than 150	5
12	17.5/65	20:00	less than 150	5
13	20/75	20:00	less than 150	5
14	20/75	20:00	more than 150	5
15	20/75	25:00	more than 150	5
16	20/75	30:00	more than 150	4

During the first 6 weeks, warm up by cycling for 3 minutes, 17.5 to 20 mph, with no resistance, before beginning the actual workout. During the actual workout, add sufficient resistance so that your pulse rate (PR) = the specified rate (take pulse for 10 seconds and multiply time 6). If it is higher, lower resistance before cycling again; if it is lower, increase the resistance. When finished, cool down by cycling for 3 minutes with no resistance.

**Table A8.6. Aerobic Dancing.**

Week	Time Goal (minutes)	Maximum (beats/minute)	Frequency per Week
1	5:00	100-110	3
2	10:00	110-120	3
3	10:00	110-120	3
4	10:00	110-120	4
5	15:00	120-130	3
6	15:00	120-130	4
7	20:00	130-140	3
8	20:00	130-140	4
Include a 10-minute warm-up before and a 10-minute cool-down after each exercise session.			

**Table A8.7. Racquetball/Squash.**

Week	Time Goal (minutes)	Frequency per Week
1	10:00	3
2	15:00	3
3	20:00	3
4	30:00	3
5	30:00	4
6	15:00	4
7	20:00	4
8	25:00	4
9	30:00	4
10	35:00	4
11	40:00	4
12	45:00	4
13	45:00	4
14	45:00	4
15	60:00	4
During the first 6 weeks, the objective is to exercise the required time, but not continuously. Rest frequently. Time goals represent combined exercise/rest periods. Beginning with the 7 <sup>th</sup> week, the time goals represent continuous exercise. Do not count breaks.		



## Attachment 9

**ADVERSE EVENT REPORTING FORMAT**

**A9.1.** Use this report format for FPD/Medical Unit reporting of Adverse Events when a member has a significant injury (for example, broken bone or severe ligament injury) or illness (for example, heart attack) associated with either fitness testing or routine exercise, on or off duty. Significant is defined as anything resulting in a P-4 profile, hospitalization, or death. Report to be faxed to HQ AFRC/SGP, DSN 497-0610.

## Section I: FPD Report

- A. Unit/Wing/Installation
- B. Name/Rank/Age/SSN of Member Experiencing Event
- C. Name/Rank/Duty Phone of FPD
- D. Date(s) of Event
- E. Duty Status of Member at time of Event
- F. Description of Event

## Section II: FML/Medical Unit Report

- G. Name/Rank/Duty Phone of FML
- H. Significant Past Medical History (As appropriate, include: tobacco use, previous cardiac or orthopedic problems, etc.)
- I. Additional Medical Information (As appropriate, include: height, weight, last Cholesterol values, current medications, and any follow-up information available.)

**NOTE:**

Attach the last two AF Form 895s, the current AFRC Form 48, and other supporting medical documentation (previous narrative summaries, SF600 entries, etc.), and fax to HQ AFRC/SGP, DSN 497-0610, as soon as possible but within 72 hours of RMU notification of an exercise related heart attack or death.